



SASKATCHEWAN
HEALTH

COMMUNITY SERVICES

YORKTON-MELVILLE
REGION

1986

ANNUAL REVIEW

YORKTON-MELVILLE

HEALTH REGION

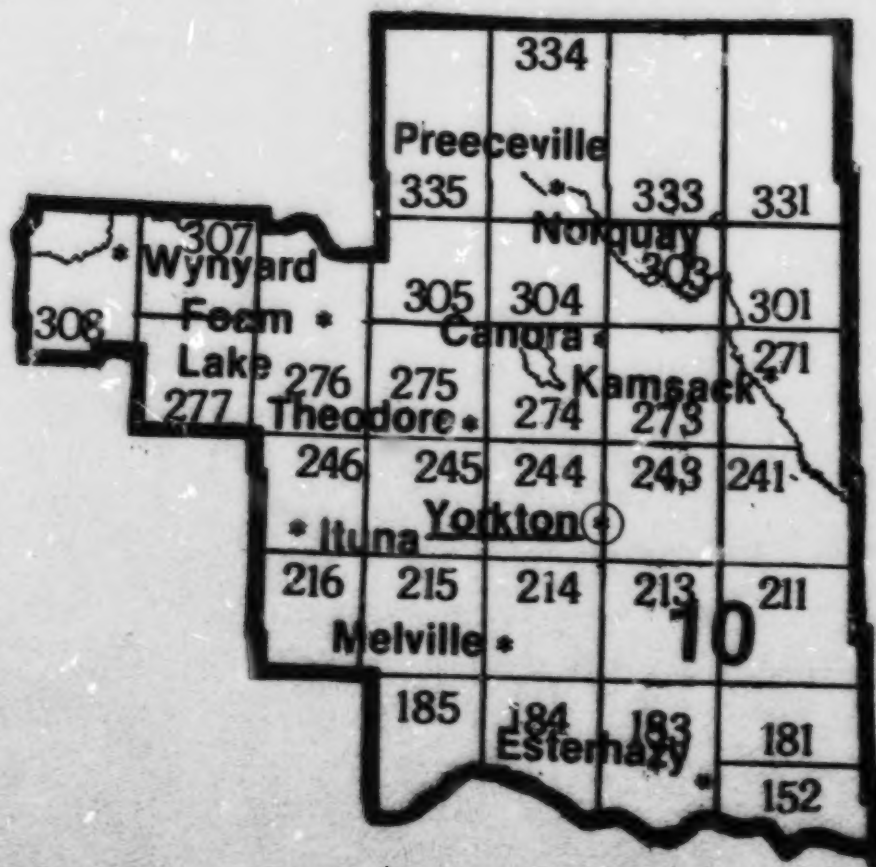


TABLE OF CONTENTS

	PAGE
Foreword	1
Regional Board Members	2
Municipal Health Representatives	3
Regional Health Department Personnel	10
Philosophy of Health Region No. 10	11
Overall Goals of Health Region No. 10	12
Report of Board Chairman	13
Report of Medical Health Officer	16
Vital Statistics	23
- Population.....	24
- Health District Boundaries	27
- Birth / Fertility Rates	28
- Infant Mortality Data	29
Communicable Diseases	31
Public Health Nursing	40
Public Health Inspection	46
Speech/Language Pathology	51
Early Childhood Psychology	54
Chiropractic	60
Audiology	65
Nutrition	67

FOREWORD

The annual review for 1986 is not as comprehensive in vital statistics and demography as was the case in the previous year, as significant changes are difficult to interpret over short periods of time. The basic data is there, however, as well as reports from the various disciplines.

A statement on the philosophy and overall goals of the Health Region is included in the review. This has been developed further from a previous statement in the 1980 report, and gives a sharper focus on the basic ideology and practice of community health.

1986

REGIONAL BOARD MEMBERS



Front Row: (left to right)

Mrs. Frances Korchinski, Hubbard
Mr. Metro Wintonyk, Stornoway (Chairman)
Mrs. Beatrice Malach, Killaly

Back Row: (left to right)

Mr. Mike Swerhone, Canora
Mr. Paul Stan, Foam Lake
Mr. Edward Brezinski, Buchanan

Missing from picture:

Mr. Clay Serby, City of Yorkton

1986

DISTRICT HEALTH COUNCIL NO. 1

NAME

ADDRESS

REPRESENTING

CITIES:

Mr. Clay Serby

29 Livingstone St., Yorkton

City of Yorkton

1986

DISTRICT HEALTH COUNCIL NO. 2

<u>NAME</u>	<u>ADDRESS</u>	<u>REPRESENTING</u>
<u>VILLAGES:</u>		
Mr. John MacDonald	General Delivery Ebenezer, SOA 0T0	Ebenezer
Mrs. Helen Takchuk	Box 45, Calder, SOA 0K0	Calder
Mr. Don Laube	Springside, SOA 3V0	Springside
Mrs. Joyce Bassingthwaite	Box 117, Willowbrook SOA 4P0	Willowbrook
Mrs. Linda Davenport	Box 152, Wroxton, SOA 4S0	Wroxton
Mrs. Metro Wintonyk*	Box 9, Stornoway SOA 3Z0	Stornoway
Mr. John Stricker	Box 119, Rhein, SOA 3K0	Rhein
<u>R.M.'s:</u>		
Mr. William Tkatchuk	Calder, SOA 0K0	Calder #241
Mrs. Joyce Burkell	Box 48, RR#1, Yorkton S3N 2V3	Wallace #243
Mr. Harvey Grunert	RP#2, Yorkton, S3N 2V4	Orkney #244

* Board Member

DISTRICT HEALTH COUNCIL NO. 3

<u>NAME</u>	<u>ADDRESS</u>	<u>REPRESENTING</u>
<u>CITIES:</u>		
Ms. Bonnie McGillivary	Box 2075, Melville SOA 2PO	Melville
<u>TOWNS:</u>		
Mr. Harry Kozakewich	Box 580, Ituna, SOA 1NO	Ituna
<u>VILLAGES:</u>		
Mr. Norman Schick	Box 57, Duff, SOA OSO	Duff
Miss M. Sedlovitch	Box 66, Fenwood, SOA OYO	Fenwood
Mrs. Mabel Schurko	Box 59, Goodeve, SOA 1CO	Goodeve
Mrs. J.H. Korchinski*	Box 128, Hubbard, SOA 1JO	Hubbard
Mr. Randy Kozak	Insinger, SOA 1LO	Insinger
Mrs. Angeline Polegi	Box 45, Jedburgh, SOA 1RO	Jedburgh
Mr. Ron Sebulsky	Box 2, Sheho, Sask. SOA 3TO	Sheho
Mr. Doug Bilokreli	Theodore, SOA 4CO	Theodore
<u>R.M.'s:</u>		
Mr. Elmer Farkes	RR#1, Box 37, Melville SOA 2PO	Cana #214
Mr. Albert Steffan	Box 1343, Melville, SOA 2FO	Stanley #215
Mrs. Gloria Mandziak	Goodeve, SOA 1CO	Tullymet #216
Mr. Joe Kruda	Willowbrook, SOA 4PO	Garry #245
Mr. Roman Marshall	Ituna, SOA 1NO	Ituna Bon
Mrs. Bev Kostichuk	Insinger, Sask. SOA 1LO	Accord #246
		Insinger #275

Please notify the following re meetings:

Mrs. Ann Batycki
Goodeve, Sask.
SOA 1CO

* Board Member

DISTRICT HEALTH COUNCIL NO. 4

NAME:

ADDRESS

REPRESENTING

TOWNS:

Mrs. Jean Thorsness	Bredenburg, SOA OH0	Bredenburg
Mrs. Marie Yanke	Box 128, Churchbridge SOA OMO	Churchbridge
Mr. Bob Unchulenko	Box 734, Esterhazy, SOA OX0	Esterhazy
Mrs. Elma Bauming	Box 520, Langenburg, SOA 2A0	Langenburg
Mrs. Elsie Pekrul	Box 22, Lemberg, SOA 2B0	Lemberg
Mrs. Marg Rushka	Saltcoats, SOA 3R0	Saltcoats

VILLAGES:

Mrs. Doreen D. Rausch	Atwater, SOA OCO	Atwater
Mrs. Eveline Johnson	Bangor, SOA OEO	Bangor
Mrs. Daisy McQuitty	Dubuc, Sask. SOA ORO	Dubuc
Mrs. Dianne Lamontagne	Gerald, SOA 1B0	Gerald
Mr. Alvin Mayer	Box 283, Grayson, SOA 1EO	Grayson
Mrs. Beatrice Malach*	Box 149, Killaly, SOA 1X0	Killaly
Mrs. Sheryl Peppler	MacNutt, SOA 2K0	MacNutt
Mr. Jacob Hollinger	Neudorf, SOA 2T0	Neudorf
Mrs. Wanda Petracek	Spy Hill, SOA 3W0	Spy Hill
Mrs. Shirley Drotar	Stockholm, SOA 3Y0	Stockholm
Mrs. Heather Godwin	Box 51, Tantallon, SOA 4B0	Tantallon
Mrs. Doreen Cooper	Box 2776, Melville, SOA 2P0	Waldron
Mrs. Helen Kristoff	Box 73, Yarbo, SOA 4V0	Yarbo

R.M.'s :

Mrs. Ilene M. Thorpe	Box 126, Spy Hill, SOA 3W0	Spy Hill #152
Mr. Harold Kaeding	Churchbridge, SOA OMO	Langenburg #187
Mr. Loyd Persson	Box 274, Stockholm	Fertile Belt #183
Mr. Alvin C. Mayer	Grayson, SOA 1EO	Grayson #184
Mr. John Douhaniuk	Box 18, Killaly, SOA 1X0	McLeod #185
Mr. Leo Fuhr	Langenburg, SOA 2A0	Churchbridge #211
Mr. Caspar Haas	General Delivery, Saltcoats, SOA 3R0	Saltcoats #213

* Board Member

DISTRICT HEALTH COUNCIL NO. 5

<u>NAME</u>	<u>ADDRESS</u>	<u>REPRESENTING</u>
<u>TOWNS:</u>		
Mr. Mike Swerhone *	Box 209. Canora, Sask. SOA OLO	Canora
Mr. Metro Kowalchuk	General Delivery, Kamsack	Kamsack
<u>VILLAGES:</u>		
Mrs. Edward Fissel	Box 412, Pelly, SOA 2Z0	Pelly
Mrs. D. Andrews	Box 56, Togo, SOA 4E0	Togo
Mrs. Eva Moskal	Box 160, Veregin, SOA 4H0	Veregin
<u>R.M.'s:</u>		
Mr. Frank Hudy	Box 98, Kamsack, SOA 1S0	Cote #271
Mr. George Stevens	Box 863, Canora, SOA OLO	Sliding Hills #273
Mr. William Gulak	2-1, RR#2, Canora	Good Lake #274
Mr. Mike Mosiuk	Box 1078, Kamsack, SOA 1S0	St. Phillips #301
Mr. Michael Stusick	Box 1576, Canora, SOA OLO	Keys No. 303

* Board Member

DISTRICT HEALTH COUNCIL NO. 6

<u>NAME</u>	<u>ADDRESS</u>	<u>REPRESENTING</u>
<u>TOWNS:</u>		
Ms. Beverley Strand	Box 126, Sturgis, SOA 4A0	Sturgis
Mr. Ivan K. Britton	Box 560, Preeceville, SOA 3B0	Preeceville
Mrs. Darlene Larson	Box 86, Norquay, Sask. SOA 2V0	Norquay
<u>VILLAGES:</u>		
Mr. John Kalanchey	Arran, SOA OBO	Arran
Mr. Edward Brezinski*	Box 314, Buchanan, SOA QJO	Buchanan
Ms. Judi Zaharia	Endeavour, SOA OW0	Endeavour
Mr. Paul Chermcora	Box 25, Hyas, SOA 1K0	Hyas
Mr. Sidney E. Currah	Box 35, Invermay	Invermay
Mr. Matt Rogowsky	Box 54, Lintlaw, SOA 2H0	Lintlaw
Mr. Steve Nowakowski	Box 139, Rama, SOA 3H0	Rama
Mr. Alvin Zaharychuk	Box 111, Stenen, SOA 3X0	Stenen
<u>R.M.'S:</u>		
Mr. Bernard Bigoraj	Box 334, Buchanan, SOA QJO	Buchanan #304
Mrs. Evelyn E. Laird	Box 16, Sheho, SOA 3T0	Invermay #305
Mr. Don Kotoyk	Arran, Sask. SOA OBO	Livingston #331
Mr. Gust Koroluk	Hyas, SOA 1K0	Clayton #333
Mr. William Jakubowski	Box 148, Endeavour, SOA OW0	Preeceville #334
Mr. Roy Fairbairn	Box 67, Okla, Sask. SOA 2X0	Hazel Dell #335

* Board Member

DISTRICT HEALTH COUNCIL NO. 7

<u>NAME</u>	<u>ADDRESS</u>	<u>REPRESENTING</u>
<u>TOWNS:</u>		
Mrs. Ethel Sveinbjornson	Box 694, Wynyard, SOA 4TO	Wynyard
Mrs. Jean Seidlik	Box 412, Foam Lake, SOA 1AO	Foam Lake
<u>VILLAGES:</u>		
Ms. Darlene Jordan	Dafoe, SOK 1CO	Dafoe
Mr. Lewis Arnason	Box 94, Elfros, SOA 0VO	Elfros
Mr. Ernest George	Leslie, SOA 2EO	Leslie
Mr. Fred Woitas	West Bend, SOA 4MO	West Bend
Mr. John W. Keyowski	Wishart, SOA 4RO	Wishart
<u>R.M.'s:</u>		
Mr. Paul Stan*	Box 431, Foam Lake, SOA 1AO	Foam Lake #276
Mr. Gerald J. Faye	Box 167, Wishart, SOA 4RO	Emerald #277
Mr. William J. Kereluke	Box 237, Wadena, SOA 4JO	Elfros #307
Mr. Dennis M. Dell	Box 9, Dafoe, SOK 1CO	Big Quill #308

* Board Member

STAFF

Director and Medical Health Officer
Senior Clerk Stenographer
Regional Nursing Supervisor
Public Health Nurse II
Senior Public Health Inspector
Public Health Inspector II
Public Health Nutritionist

Speech/Language Pathologists

Early Childhood Psychologist
Chiropodist
Chiropody Assistant

Audiologist

Community Therapists

YORKTON

Mrs. M. Caudie, Clerk Typist II (Part-time)
Mrs. M. Fedorowich, Clerk Typist II
(Maternity leave January - October 1986)
Mrs. P. Duggan, Clerk Typist II
(temporary till October 1986)
Miss D. Kahoot, Clerk Stenographer II
Mrs. M. Karakachuk, Clerk Typist II
Mr. A. Gazdewich, Public Health Inspector I
Mrs. B. Blenner-Hassett, Public Health Nurse I
Mrs. S. Kozicki, Public Health Nurse I
Mrs. D. Norman, Public Health Nurse I
Mrs. B. Rushowick, Public Health Nurse I
Mrs. J. Zahaik, Public Health Nurse I

MELVILLE

Mrs. G. Walls, Clerk-Typist II (Part-time)
Mrs. M. DeBruin, Public Health Nurse I
Mrs. J. Oucharek, Public Health Nurse I

ESTERHAZY

Mrs. L. Tochor, Public Health Nurse I
Mrs. G. Stumborg-Rosin, Public Health Nurse I
Mr. G. Combres, Public Health Inspector I

CANDRA

Mrs. D. Korol, Public Health Nurse I
Mrs. J. Roll, Public Health Nurse I

* Also covers Melville area

- Dr. D.C. Watler
- Mrs. M. Montain
- Miss C. Kerr
- Mrs. V. Stewart
- Mr. W. Koroluk
- Mr. J. Bell (retired Oct. 31/86)
- Mrs. J. Bergerman (maternity leave effective October 24/86)
- Mrs. L. Wadsworth (commenced October 27, 1986)
- Mrs. S. Bond-Moore
- Miss L. Nolan (commenced July 2/86)
- Dr. D. Parker-Loewen
- Dr. A.N. Todd
- Mrs. K. Morgan (maternity leave Jan. 13/86-May 30/86)
- Miss W. Young (Jan. 13/86-May 30/86)
- Miss A. Blair (transferred to Saskatoon Aug. 27/86)
- Mr. E. Malazdrewicz (commenced Aug. 15/86)
- Mrs. F. Keil, Esterhazy (commenced October 1/86)
- Mrs. E. Petrie, Preeceville (commenced Nov. 17/86)

KAMSACK

Miss D. Gasper, Public Health Nurse I (resigned March 31/86)
Mrs. D. Grywachski, Public Health Nurse I (Sept. 2/86)
Mr. A. Rakochy, Public Health Inspector I

PREECEVILLE

Mrs. M. Demetrow, Public Health Nurse I
Mrs. D. Maksymiw, Public Health Nurse I (maternity leave till September 5/86)
Mrs. D. Grywachski, Public Health Nurse I
(till August 31/86)

ITUNA

Mrs. D. Wotherspoon, Public Health Nurse I

FOAM LAKE

Miss E. Kimber, Public Health Nurse I

NORQUAY

Mrs. P. Johnson, Public Health Nurse I

WYNYARD

Miss M. Miller, Public Health Nurse I
Mr. R. Fielding, Public Health Inspector I
(commenced July 2/86)

PHILOSOPHY OF HEALTH REGION NO. 10

The potential ability to achieve total health is a basic human right and of paramount importance in making for a peaceful, productive, and well integrated community. Health means a dynamic state of well-being which is not only the absence of disease but also includes mental, emotional, social and spiritual components. Together, these make up the concept of total health. This healthy state is never static, but has to be maintained by continual satisfactory adaptation to the changing demands and stresses that occur in both the individual and in his total environment.

The health of the individual can never be independent of the health of the community or nation, since the physical, social and economic environments are critical determinants of total health.

OVERALL GOALS OF HEALTH REGION NO. 10

- . To organize the resources available to achieve the highest possible level of total health for the greatest number.
- . To promote, prevent, protect and restore the health of the community so that each individual is capable of realizing his maximum potential of total well-being.
- . To prevent and alleviate the burden of ill-health not only on a community basis but also in individuals or group situations where applicable.

To achieve these goals, specific objectives with appropriate programs are delivered by the staff of the Health Region.

Report of the Chairman of the Board for 1986 - Mr. Metro Wintonyk

It gives me great pleasure to present my first Annual Report since my election as Chairman in April 1986. The previous board chairman, Mr. William Patrick died on February 28, 1986, and his death is deeply regretted not only by the Regional Health Council and staff, but also by the communities he faithfully served for many years.

As in previous years, there were regular meetings of the Board every second month throughout the year, and as usual there were two Health Council meetings, the Annual one in April, and a fall in-service later in the year. I also attended two meetings held for all Board Chairmen in the Province, once in February and again at the Field Staff Conference in April. These meetings of Board Chairmen reviewed past activities, and plans were made for the year especially relating to the finalizing of the orientation manual and the fall in-service. Resolutions were passed at these meetings dealing with ATVs, alcohol and drug abuse, and advertisements. Mr. Stan Malach, the Executive Director of Community Health Services Branch did very good organizational work for these meetings, and they are a very valuable means of coordinating and improving the work of the Boards throughout the province. Particularly important is the interchange of ideas from the different Regions and the personal contacts made.

All municipal health representatives (MHRs) were given a comprehensive orientation manual during the year as well as a brochure outlining the goals, and programs of the Community Health Services Branch, and indicating clearly the role and responsibilities of MHRs. There had long been a need for such a manual, and we hope MHRs have made and are making good use of them.

While there are now 7 Health Districts in the Region (with Yorkton City being Health District No. 1), representations to have the boundaries of

other health districts changed to make for more proportional representation, have still not yet received final Government approval. A very early decision on this is necessary as Health District No. 2 remains with a very small population.

It is with pleasure that we note that the Canadian Forces Radar Base at Orcadia has been bought by the province and is being converted into a Youth and Adolescent Drug Rehabilitation Centre. MHRs will remember that a forceful resolution to this effect was passed at the last Regional Health Council Annual Meeting, and we feel that this input from MHRs contributed to the wise decision made.

The in-service held in the fall had very good evaluation from those attending, and a similar type activity is being planned for each year.

During the year educational presentations were made to the Board on:

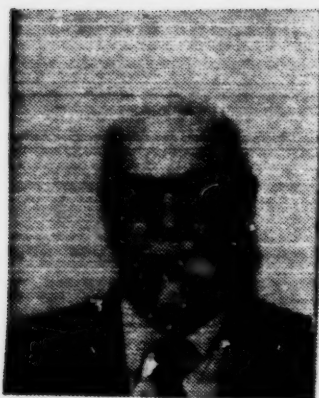
- Alcoholism and Drug Abuse
- Dangers of All Terrain Vehicles
- The new Community Therapy program
- Updated nutritional information by the Acting Nutritionist
- Strategic planning process of the Department of Health.

Board members participated actively in deciding on agendas, and shared ideas and concerns not only on the more formal presentations but also on many other issues relevant to community health. A new feature of Board meetings during the year was regular reporting by Board Members of concerns, and activities in their various districts. As Chairman, I felt that this more regular reporting was of value to all Board Members.

In conclusion, I would like to thank all members of the Board and Council for their cooperation and activity during the year, and look forward to a continuing strengthening of community in-put into the public health programs. Certain specific goals and objectives have been set for 1987 and your full cooperation is anticipated.

I am also grateful to all staff persons of the Community Health Services Branch, for the consistent and reliable way in which they have performed all their duties.

Annual Review - 1986



Dr. D.C. Watler
Director and Medical Health Officer

Again it is my pleasure to give an annual report on some of my activities and those of the Region for the year 1986. The vital statistical and epidemiological studies undertaken in 1985 will form the basis for continuing to monitor and study vital health indices in the Region, so that more detailed analysis for 1986 would be unrewarding at this time. It is my objective to undertake more extensive reviews every 4-5 years.

For myself the following health educational conferences were attended in 1986:

- Annual meeting of the Sask. Public Health Association in April where I was elected to the Executive Council of the SPHA and attended regular meetings of the Executive throughout the year. The theme of the conference was "Marketing Health" - that is studying the use of marketing strategies for more effective ways to "sell" health promotion and healthy lifestyles to the public. One of the most difficult aspects of health education and promotion is the difficulty in converting accepted health knowledge into behavior modification leading to healthier lifestyles. For example the vast majority of people are aware that obesity, smoking, alcohol and drug abuse, poor compliance with necessary medications, etc. are bad for their health, but many are unable to change that knowledge - and even attitude - into positive behavioral changes.

The difficulty smokers have in quitting is perhaps one of the best examples. As workers in community health, this is one of our greatest challenges.

- A Federal/Provincial Advisory Committee Meeting on Cardiovascular Disease (CVD) was attended where attempts are being made to coordinate Federal and Provincial programs for the prevention of CVD. These diseases still account for approximately 50% of all deaths in Saskatchewan and Canada.

- A conference on Highlights in Medicine was attended at the University of Saskatchewan and was a very useful update on general medical programs both preventive and therapeutic.

Other more personal activities and progress during the year can be summarized as follows:

- Election as Chairman Elect of the Medical Advisory Committee of the Saskatchewan Cancer Society, and regular attendance and work both with this group and as well with the Yorkton Unit of the Cancer Society. Cancer remains the second most common cause of death, and preventive measures, as well as early detection are very important factors in cancer control.

- For six months of the year I again had to act as Medical Health Officer for the Melfort-Tisdale Health Region, but this post has now been filled and hopefully will remain so.

- Working with Environment to promote chlorination in those municipalities who have water distribution systems but who are not chlorinating. Some progress is being made, but problems in a few areas still remain.

- Seminars on Preventive Health Care for the Elderly were given at Yorkton and Canora during the year, and the demand for this type of information increases in the Region as our population ages.

Media publicity particularly on smoking, and the preschool core program was continued during the year. The preschool core program was more formally launched during the year and details of this are already in the 1985 report. However in 1986 there was more widespread provincial and regional publicity and a "Passport to Health" poster and brochures were made available so that the public would be better informed and be reminded of the scheduling and types of activities undertaken for pre-schoolers. The vision screening program underwent an early evaluation, and lessons learned from this will be incorporated into any future planning. The new speech and language screening procedures for preschoolers will be also evaluated in the very near future.

- A draft plan outlining the role of Public Health in Emergency Community Planning was developed during the year, but a lot still needs to be done in the planning and coordination of all Community Emergency response services. There seems to be a feeling that "it can't happen here", but unfortunately disasters of some sort (e.g. flooding, multiple accidents, exposure to hazardous chemicals, tornadoes, rail disasters ...etc.) do occur from time to time and public health has a clear role to play in such situations, but coordination with other agencies is vital.

- Myself along with some of the staff, and hospital personnel participated in publicity and promotion of Canada Health Day where the theme was: "Helping You Stay Healthy".

- I introduced and planned regular meetings with other Directors in the Region from Mental Health, Hospital, Social Services and Education with a view to information sharing and coordinating human services. These meetings have proved very valuable.

- Apart from ongoing general consultations and advice, more formalized in-service on employee health, infectious disease control and immunization were given to nurses and doctors in the Preeceville and Esterhazy areas.

- Two Medical students were again given orientation to public health during their summer practicum, and I feel this is important as the preventive aspect of medicine is still not sufficiently stressed in the curriculum for medical students, but there has been some recent improvements.

- A Seminar on Infectious Diseases was given to doctors and nurses at the Mental Health Centre in Yorkton.

- My membership in the Professional Health Workers Branch of the Canadian Diabetes Association was accepted. Diabetes is a severe public health problem, but with time restrictions and other program activities, it is difficult to plan ways of giving more attention to this area.

- My membership in the International Society of Preventive Oncology continues.

Other general highlights in the Region during the year were:

- Introduction of the Community Therapy Program

In the last quarter of 1986, the Community Therapy program was instituted in the Region. The goal is two Community Therapists per region; so far we have two part-time physiotherapists. Occupational therapists (OT) will also be a part of this program, but at year end we had one clear vacancy and no O.T. yet recruited. The two part-time therapists employed during the year are (a) one working from Esterhazy, and covering the hospital and special care home there as well as in Langenburg, and also giving some service to the Saltcoats Nursing Home. (b) The other therapist works out of Preeceville and is offering service to the hospital and nursing home there and in Norquay as well as the Preeceville Developmental Centre.

Both these therapists are physiotherapists and give treatments, consultations/ assessments and education to appropriate patients to enable them to enjoy the best possible physical and mental functioning commensurate with any disability that affects their mobility and mental independence. Basically physiotherapists work to reduce pain and spasms in joints, to improve mobility, and to correct poor posture. Occupational therapists will also be recruited as available, but in some ways the work of occupational and physiotherapists complement each other. In summary the O.T. works to translate the new skills and movements obtained into useful functional activities. Services are offered to hospitals with less than 50 bed capacity; special care homes (under 100 beds) and in the community with special home visits when appropriate. Services will also be available, when requested or appropriate to home care programs, seniors' activity centres, schools, local industry, district coordinating committees, and developmental centres. Time and allocation will depend on the general work load and the size of the institution. In general, for hospitals the priority will be for treatments, while in special care homes and for community activities, the priority will be on consultation and education. Only physicians may refer cases for treatment, but other senior staff from human services agencies may refer for consultation, assessment and education.

This program has been well received so far, but is still being developed, and the lack so far of another therapist will prevent universal availability of the services in the Region. No formal report will be given for 1986 by the Community Therapists, but, in subsequent years detailed information about services performed, types of cases seen, etc. will be given in Annual Reports.

- The public health nursing program continues to develop very satisfactorily with more standardized and varied prenatal class material, child abuse protocol, lice control being some examples. Child abuse in particular is more noticeably evident each year, and often PHNs and the ECPs are the first ones to suspect an abusive situation. Cooperation with other agencies is improving but still not optimal. Family violence seems to be increasing and poses a challenge to all health care agencies.

- The Region is particularly disturbed about the mortalities and serious injuries caused by ATVs. On behalf of the Saskatchewan Public Health Association I prepared a brief on this to the Minister of Highways and the Minister of Health, and the Board has also been making strong recommendations. We feel that further delays in adequate legislation is no longer justified.

- A nonsmoking bylaw for the City of Yorkton was finally passed in November, and will become effective early in 1987. This bylaw is not as comprehensive as we had been recommending but it is at least a start, and the objective is to promote meaningful nonsmoking bylaws in all municipalities in this Region with a step by step educational approach. Hopefully the Province will bring in some general restrictions on smoking in certain public places and this would be of tremendous help in accelerating and aiding us in our local educational and legislative thrusts.

- The outbreak of hepatitis A noted in 1984 and 1985 subsided almost completely in 1986, but measles showed a somewhat surprising resurgence - more on this later in the Report.

- The rheumatic fever prophylaxis program was maintained during the year with 63 patients on the caseload at year end.

Very few new cases are now being reported, and possible reasons for this are the wider and earlier use of antibiotics in treating streptococcal infections, as well as the paucity of the streptococcal subtypes that can cause joint, heart, and kidney complications.

We are appreciative of the continuing hard work and program development initiatives undertaken by the Central Regina office staff under the leadership of the Executive Director. Also their regular visits to the Region during the year both to the Regional office, and district offices are very valuable in maintaining that linkage and coordinated knowledgeable approach so vital to public health programs and staff morale.

Finally, I would like to thank all the staff for their continuing to meet all the demands for service placed on them, for their good humour, their cooperation, and for their high professional standards.

We are also grateful to the newsmedia for their continued support in promoting public health issues on the T.V., radio and in the newspapers. CKOS-TV continues to telecast regular television health topics each week and all staff persons contribute to making the most out of the allotted time. This free community health service by CKOS both regularly, and, on request, is much appreciated, and we would like to give them some sort of a commemorative plaque or certificate to acknowledge their continued support.

Vital Statistics and Communicable Diseases

Demography

Table I shows the total population of the Yorkton-Melville Health Region by age group as per mid 1986 SHSP figures, and Table II shows the total provincial mid-year population. Including Registered Indians (R.I.s) the population of the Health Region showed a 0.6% decrease from the previous year to 81,776. With a registered Indian population of 4,651 in 1986 (an increase of 4.5% since 1985), the population of the Region without the R.I.s in 1986 was 77,125, a decrease of 0.9% from the previous year. Both the Health Region and the province show a progressive aging of the population with increase in the total dependency ratios, but the Health Region continues to show a much older population than the provincial average. Table III gives some comparison of population changes over the years, and of interest to note is a population growth of only 0.2% for the province overall, the lowest growth rate since 1975. Undoubtedly certain economic factors have resulted in this marked decrease in the growth rate.

Figure I shows the boundaries of the 7 Health districts during 1986.

Fertility

Table IV shows the total number of live births, birth rate and total fertility rate for 1986 in the Health Region and province. Definitions of these terms were given in the 1985 report and will not be repeated here.

Mortality Data

Table V shows infant mortality data for the years 1961-1986 for Health Region #10 and Saskatchewan.

The definitions of infant mortality rates will not be repeated here as they were done in extenso in the Annual Review for 1985.

TABLE I - POPULATION BY AGE GROUP AND PERCENTAGE
YORKTON-MELVILLE HEALTH REGION - 1986

AGE GROUP	MALE	PERCENTAGE OF TOTAL POPULATION	FEMALE	PERCENTAGE OF TOTAL POPULATION	TOTAL	PERCENTAGE OF TOTAL
0 - 4	2924	3.57	2919	3.56	5843	7.14
5 - 9	3117	3.81	3001	3.66	6118	7.48
10 - 14	3146	3.84	3082	3.76	6228	7.61
15 - 19	3424	4.18	3324	4.06	6748	8.25
20 - 24	3384	4.13	2886	3.52	6270	7.66
25 - 29	2872	3.51	2658	3.25	5530	6.76
30 - 34	2808	3.43	2454	3.00	5262	6.43
35 - 39	2391	2.92	2340	2.86	4731	5.78
40 - 44	2035	2.48	2000	2.44	4035	4.93
45 - 49	1852	2.26	1878	2.29	3730	4.56
50 - 54	1961	2.39	1945	2.37	3906	4.77
55 - 59	2155	2.63	2068	2.52	4223	5.16
60 - 64	2290	2.80	2268	2.77	4558	5.57
65 - 69	2117	2.58	2233	2.73	4350	5.31
70 - 74	1947	2.38	2112	2.58	4059	4.96
75 - 79	1411	1.72	1559	1.90	2970	3.63
80 - 84	836	1.02	1027	1.25	1863	2.27
85 - 89	397	0.48	507	0.61	904	1.10
90+	163	0.19	285	0.34	448	0.54
TOTAL	41230	50.42	40546	49.58	81776	100.0

Total Population: 81776
 Total Youth Dependency Ratio: .371
 Total Aged Dependency Ratio: .298
 Total Dependency Ratio: .669
 Population <15 years of age: 22.2%
 Population >65 years of age: 17.84%
 Male to Female Ratio of Population: 1.016:1

The total dependency ratio gives a measure of the proportion of active persons in potential productive labour i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.

For Health Region No. 10 this ratio is higher than for the provincial total owing to the greater number of dependent persons 65 years and over.

TABLE II POPULATION BY AGE GROUP - SASKATCHEWAN - 1986

AGE GROUP	MALE	FEMALE	TOTAL
0 - 4	45091	42943	88034
5 - 9	43166	40961	84127
10 - 14	40052	38588	78640
15 - 19	41775	39644	81419
20 - 24	49415	47277	96692
25 - 29	48745	46454	95199
30 - 34	43913	41248	85161
35 - 39	35325	33586	68911
40 - 44	26654	25639	52293
45 - 49	23012	22679	45691
50 - 54	22714	22073	44787
55 - 59	22984	22959	45943
60 - 64	21893	22937	44920
65 - 69	19332	21637	40969
70 - 74	16213	18863	35076
75 - 79	11348	13779	25127
80 - 84	6812	8938	15750
85 - 89	3167	4918	8085
90+	1544	2990	4534
TOTAL	523245	518113	1041358

Total Population: 1041358
 Total Youth Dependency Ratio: .379
 Total Aged Dependency Ratio: .196
 Total Dependency Ratio: .575
 Population < 15 years of age: 24.08%
 Population > 65 years of age: 12.43
 Male to female ratio of population: 1.009:1

TABLE III - POPULATION CHANGES IN SASKATCHEWAN AND
HEALTH REGION NO. 10 (1971 - 1986)

(SHSP Covered Population Including Registered Indians)

YEARS	TOTAL POPULATION		PERCENTAGE CHANGE		Percentage of Population 65 years and older		
	H.R.#10	SASK.	H.R.#10	SASK.	H.R.#10	SASK.	Canada (Stats.Can.)
1971	86,039	938,527					
1972	86,867	934,607	+1.0	-0.4			
1973	85,236	923,181	-1.9	-1.2			
1974	84,126	922,487	-1.3	-0.1			
1975	84,381	931,921	+0.3	+1.0			
1976	85,099	949,463	+0.9	+1.9			
1977	85,242	961,526	+0.2	+1.3	14.3	11.0	
1978	84,838	970,510	-0.5	+0.9	14.8	11.2	9.1+
1979	84,442	976,734	-0.5	+0.6	15.4	11.4	
1980	83,571	982,237	-1.0	+0.6	15.9	11.6	
1981	82,952	990,746	-0.7	+0.9	16.3	11.8	9.7*
1982	83,332	1,000,667	+0.5	+1.0	16.6	11.9	
1983	83,154	1,014,496	-0.2	+1.4	16.8	12.0	10.0+
1984	82,881	1,028,965	-0.3	+1.4	17.2	12.0	
1985	82,262	1,039,249	-0.7	+1.0	17.6	12.3	
1986	81,776	1,041,358	-0.6	+0.2	17.8	12.4	
Overall Change							
(1971 - 1986)			-5.0	+11.0			

+ Estimates from Census data

* 1981 Census

FIGURE 1

HEALTH DISTRICT BOUNDARIES - 1986

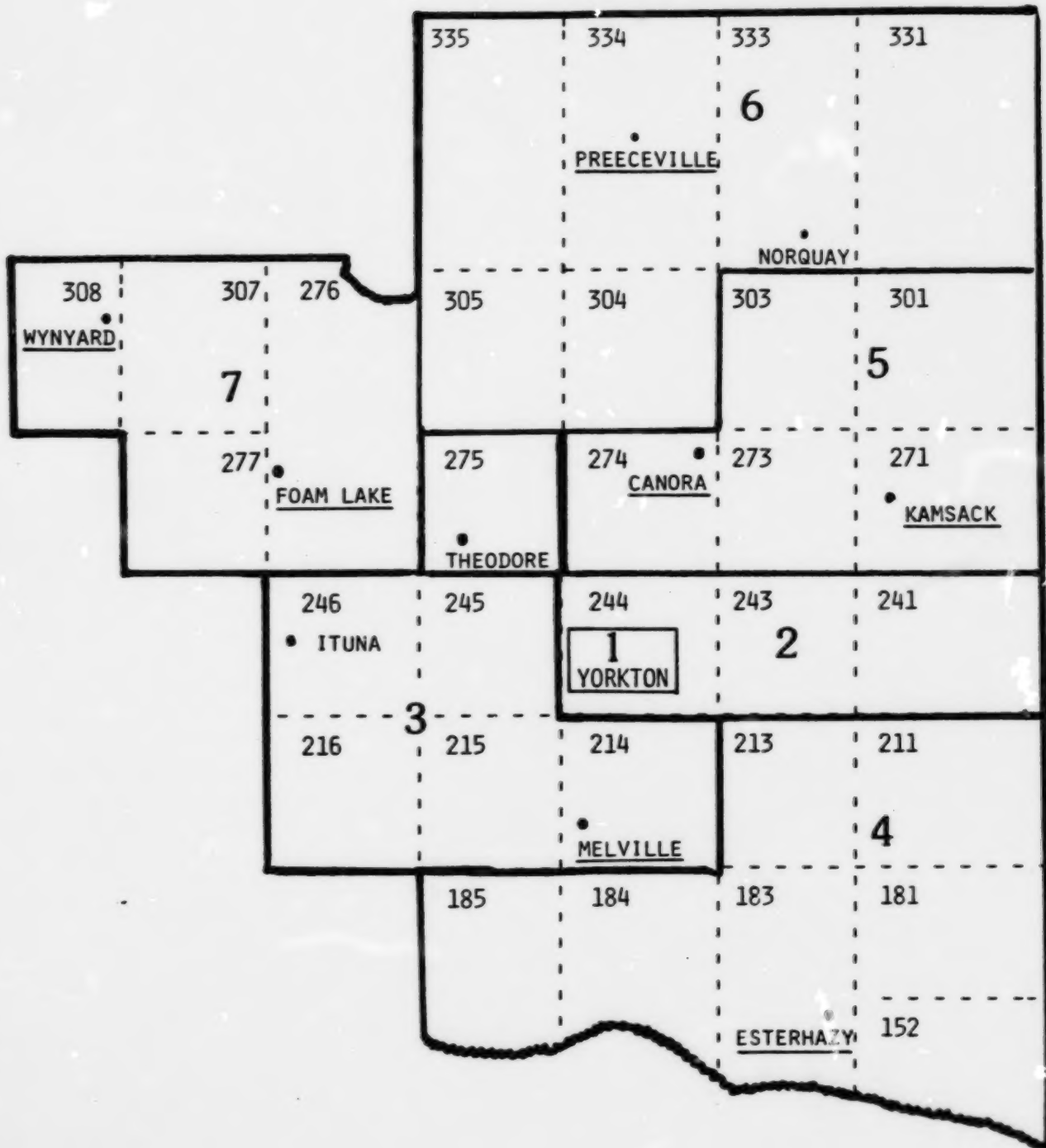


TABLE IV BIRTH AND TOTAL FERTILITY RATES (TFR) FOR
HEALTH REGION NO. 10 and SASKATCHEWAN 1961-1986

HEALTH REGION NO. 10				SASKATCHEWAN		
YEAR	TOTAL LIVE BIRTHS	BIRTHRATE	TOTAL FERTILITY RATE	TOTAL LIVE BIRTHS	BIRTHRATE	TOTAL FERTILITY RATE
1961	1674	20.7	-	23994	25.9	4,221
1975	1078	13.2	-	15265	16.8	2,219
1976	1135	13.7	-	15969	17.3	2,301
1977	1155	13.6	2,148	16547	17.7	2,267
1978	1151	13.6	2,109	16551	17.5	2,202
1979	1160	13.7	2,107	16977	17.7	2,193
1980	1149	13.7	2,097	17116	17.6	2,144
1981	1163	14.0	2,120	17300	17.8	2,143
1982	1124	13.4	2,013	17759	17.7	2,170
1983	1158	13.9	2,043	17847	17.6	-
1984*	1047	12.6	1,872	18090	17.6	2,049
1985*	1114	13.5	2,027	18233	17.5	2,050
1986*	1038	12.7	1,897	17507	16.8	1,986

- Not Available

* Provisional Figures

Definition: Total Fertility Rate represents the average number of children that would be born to women if they survive through their reproductive years and bear children in accordance with the age specific fertility rates observed in a given year. A total fertility rate of 2,100 is just the population replacement level and means that the average number of children born to a hypothetical cohort of women is 2.1. As more males are born than females this corresponds approximately to a gross reproductive rate of 1,000 which means 1 female child per family.

Birth Rate is the number of live births per 1,000 population. This is a less reliable indicator of fertility as it does not take into account the age differences in the child bearing population.

TABLE V INFANT MORTALITY DATA, HEALTH REGION #10, COMPARED WITH SASKATCHEWAN

Year	HEALTH REGION #10						SASKATCHEWAN					
	Infant Deaths < 1 year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate	Infant Deaths < 1 year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate
1961	43	25.7	23	13.7	-	-	618	25.8	395	16.5	-	-
1974	21	18.9	17	15.3	-	-	313	20.7	191	12.6	341	22.3
1975	12	11.1	7	6.5	-	-	272	17.8	164	10.7	280	18.2
1976	9	7.9	7	6.2	-	-	229	14.3	139	8.7	269	16.7
1977	14	12.1	9	7.8	-	-	249	15.0	156	9.4	295	17.7
1978	13	11.6	7	6.1	-	-	236	14.3	151	9.1	274	16.4
1979	14	11.2	10	8.6	18	15.4	189	11.4	121	7.1	242	14.2
1980	11	9.7	6	5.2	13	11.2	193	11.3	102	6.0	221	12.9
1981	14	12.0	9	7.9	18	15.4	203	11.8	112	6.5	230	13.3
1982	5	4.5	2	1.8	7	6.3	181	10.2	110	6.1	191	10.7
1983	9	7.8	3	2.6	10	8.7	177	9.9	102	5.7	185	10.3
1984*	14	13.4	6	5.7	10	9.5	168	9.3	102	5.6	174	9.6
1985*	5	4.5	1	0.9	9	8.0	194	10.6	122	6.7	165	9.0
1986*	7	6.7	4	3.9	10	9.6	154	8.0	95	5.4	145	8.3

* Provisional Figures

- Not available

The definitions of infant mortality rates will not be repeated here as they were done inextenso in the

Annual Review for 1985

Owing to the small number of deaths in Health Region No. 10, no conclusion is possible as to probable change from 1985; but in the province as a whole, with larger numbers, a continuing improvement is evident.

Of the 7 infant deaths in Health Region No. 10 in 1986,

- 4 occurred in the first 7 days of life; one from severe congenital abnormalities of heart; one from the respiratory distress syndrome, and two from severe asphyxia with probable atelectasis
- 1 died at 3 months from S.I.D.S.
- 1 died at 4 months from severe congenital abnormalities
- 1 died at 5 months from chronic broncho-pulmonary dysplasia

The general findings of the causes of infant deaths as (identified in the 5 year review done in the 1985 Annual Review) remain the same.

In Health Region No. 10 there were 850 total deaths, and in Saskatchewan 8012 in 1986. The numbers and major causes of death remain essentially the same as discussed extensively in the 1985 Review and no more detailed analysis is warranted at this time.

Communicable Diseases

Table VI shows the incidence of certain communicable diseases in Health Region No. 10 from 1974 - 1986.

Measles showed a very significant resurgence during 1986 and is the highest number of cases reported for 12 years. A similar but less marked outbreak occurred in 1979-80 and this 5-6 year periodicity in measles outbreak is the usual pattern, but was rather unexpected in view of our intense immunization program. In 1986 a similar outbreak occurred throughout Canada with Saskatchewan reporting 412 cases and the entire country over 15,000 cases. In fact Saskatchewan was one of the provinces with the lowest incidence. Some increase in measles incidence also occurred in the U.S.A. In many areas the majority of cases occurred in older children 10-17 years old, and the probable reasons for this outbreak are being intensely studied nation-wide. Probable reasons are: poor vaccines used in the 1970s; immunity conferred lasting for shorter periods than thought; improper storage of vaccines; current vaccines not satisfactory in giving the 92-95% response needed to minimize or prevent outbreaks; possible need for boosters, etc.

Information is given below on the 69 cases reported in the Region where the outbreak began in March, peaked in June and July and no cases have been reported since August 1986.

Total Number notified - 69 (Males - 36; Females - 33)

Number confirmed serologically - 27

Number reported on clinical features and checked to see that they meet the criteria in MMWR (Jan.7/83, p.707) - 42

(approximately 5% of these were stated to have also had Koplik spots)

Date of onset of 27 cases confirmed serologically by month:

May 1986 - 1

June 1986 - 12

July 1986 - 13

August 1986 - 1

Sex ratio of these cases: 17 males: 10 females

TABLE VI

INCIDENCE OF CERTAIN COMMUNICABLE DISEASES - HEALTH REGION NO. 10 (1974-1986)

DISEASE	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
Gonorrhoea	86	55	56	46	35	24	31	38	29	27	24	32	23
Syphilis	3	3	4	5	4	0	1	1	0	0	2	3	1
Hepatitis A	27	6	0	11	1	5	6	2	4	4	90	83	17
Hepatitis B					1	1	1	1	0	0	0	8	2
Hepatitis nonA nonB											2	2	5
Salmonellosis	14	6	18	7	10	23	14	15	7	93	21	16	25
Measles	88	61	22	26	14	68	39	5	0	0	0	6	69
Rubella	1	4	0	0	1	17	8	0	0	0	0	0	1
Pulmonary Tuberculosis	5	4	21	2	3	1	11	5	2	2	1	9	2
Shigellosis (Bacillary Dysentery)						2	13	33	8	1	4	1	41
Meningitis						11	8	17	13	4	4	4	3*
Giardiasis									8	13	38	46	46
Campylobacter infection											5	13	19
Viral Gastroenteritis											40	62	40

* 2 cases were due to Haemophilus influenza, and one was a bacterial meningitis where the causative organism was not identified.

Measles (continued)

Date of onset of 24 clinical cases by month:

March 1986 - 1
June 1986 - 24
July 1986 - 12
August 1986 - 2

Sex ratio of these cases: 19 males:23 females

Table VII shows the age distribution and immunization status of the cases reported.

Our total numbers are small; very probably underrepresent the actual number of cases of measles that have occurred; and also make it difficult to draw any firm conclusions.

Of those confirmed serologically and also clinically the largest number occurred in the 5-9 age groups (30% in those confirmed, and 35% in the clinical). The majority in these age groups received vaccine from 1979 onwards, so this must have been the MMR - and not the other measles vaccine given earlier in the 1970's. The youngest case confirmed serologically was 8 months old, and the oldest 34. Overall 48% of those confirmed serologically had been immunized and 45% of the clinical cases had been immunized.

Apart from confirmed measles, a large number of cases of ill defined fevers and rashes occurred - some, most likely, rubella but not confirmed serologically. Also other viruses such as the parvoviruses, echo and Cocksackie viruses were responsible for other rashes.

Pulmonary Tuberculosis Fewer cases were recorded this year compared to 1985, but remain at the usual endemic level. It is too early to tell whether a revision of the anti-T.B. program undertaken during last year with more intensive follow-up of contacts will be having a permanent effect in reducing the tuberculosis problem.

TABLE VII AGE DISTRIBUTION OF CASES CONFIRMED AND IMMUNIZATION STATUS

MEASLES

CONFIRMED SEROLOGICALLY					CONFIRMED CLINICALLY				
AGE	Number of CASES	IMMUNIZED			AGE	Number of CASES	IMMUNIZED		
		YES - DATE	NO	UNKNOWN			YES - DATE	NO	UNKNOWN OR UNCERTAIN
<1 yr	4		4		<1 yr	2		2	
1-4	5	2(1986x2)	3		1-4	13	4 1985 (1986x3)	9	
5-9	8	6(1979x2) (1980x2) (1981x2)	2		5-9	15	9 1977 (1978x2) (1979x3) 1981-2 yes ?but date	4	2
10-14	7	5(1972) (1974x2) 1976 ?date	2		10-14	6	3 1976 1978 1981	3	
15-19	0	0	0		15-19	4	3(1972)	1	
20+	3		1*	2	20+	2		1	1
TOTAL	27	13	12	2	TOTAL	42	19	20	3

* This case was 34 years old

Hepatitis A

There was a very significant reduction in cases reported in 1986, and the epidemic of 1984 and 1985 can now be presumed over as we approach the normal endemic level. An outbreak such as that seen in 1984 and 1985 occurred province wide and should not happen again for another 7-8 years. Most of the population should now have a high degree of immunity, and, hopefully before the susceptible population increases again in the next 6-8 years, a vaccine will become available. While hepatitis A is not usually a severe condition the outbreak in 1984-85 necessitated a lot of work in prevention and control to minimize the risk of even greater spread.

Hepatitis non A non B

This is a type of viral hepatitis of unknown etiology with the viruses responsible not yet being identified. It is not uncommon and spread is somewhat similar to hepatitis B. As more lab tests become available, more of these cases will be diagnosed, and the increase in numbers in 1986 does not indicate any increased incidence, but merely more accurate and available laboratory methods for diagnosis.

Salmonellosis

This showed the usual endemic level and there were no clusters or food borne outbreaks. The sero types responsible were as follows:-

Salmonella typhimurium - 15

Salmonella agona - 6

Salmonella St. Paul - 2

Salmonella hadar - 1

Salmonella newport - 1

Salmonella agona has not been seen for some years in the Region, but is not an uncommon type of Salmonella.

Shigellosis There was a considerable increase in cases reported in 1986 and *Shigella sonnei* was the only type identified. No common source in food or water was identified with spread being only by person to person contact and often in unsanitary and overcrowded surroundings. Most of the cases were in children, and this form of infectious diarrhoea is more severe than salmonella.

Influenza Towards year end there was a considerable increase in upper respiratory tract infections but specific agents were seldom identified owing to the difficulty of viral diagnosis and specimens not being sent to the Provincial Lab which is the only laboratory (apart from the University) capable of making viral diagnosis. 8 cases of influenza A were definitely diagnosed in late 1986 and all these were so-called A. Taiwan strain which is a type of influenza virus not seen in this country for many years. While these infections caused much discomfort and illness, fortunately the illness was not severe in the great majority of cases, and no deaths are known to have been caused by these respiratory viral organisms in this Region.

Giardiasis and Campylobacter These agents that cause infectious diarrhoea showed a similar incidence pattern as in 1985.

Miscellaneous

- 4 cases of Yersiniosis (a form of infectious diarrhoea) were reported; it is likely that with more laboratory investigations this disease will be diagnosed more frequently. There is no suggestion that it has been on the increase.

Rabies Table VIII shows the number of animals that were positive for rabies during the year, and there were 3 cases with human involvement. Again the skunk was the animal most likely to be rabid and towards the end of the year it became evident that more rabid skunks were being identified than in the previous 2-3 years. This is in keeping with the well known fact that epizootics due to skunk rabies occurs with that periodicity. Apart from skunks, cattle and cats are the other animals most likely to be rabid, and more dangerous to humans as these are domestic animals. All cases of animal bites reported to the Department were investigated, and relevant health educational activities were carried out.

Table IX shows a comparison of the incidence rates of certain communicable diseases between Health Region No. 10, Saskatchewan and Canada. The figures are interesting and show general trends; however, as before, caution should be used in interpreting these data, owing to the inter-provincial and inter-regional variability in notifications.

RABIES - 1982 to 1986

TABLE VIII

SPECIES	NUMBER EXAMINED					NUMBER POSITIVE					PERCENT POSITIVE					POSITIVE ANIMALS WITH CONFIRMED HUMAN BITE				
	1986	1985	1986	1985	1986	1982	1983	1984	1985	1986	1982	1983	1984	1985	1986	1982	1983	1984	1985	1986
Skunk	31	5	7	10	20	5	5	5	5	7	64.5	100	100	71	70	1	-	-	-	-
Cat	14	18	11	13	1	-	-	-	-	2	7.1	-	-	-	11	1	-	-	-	1
Dog	24	14	17	20	2	-	-	1	-	-	8.3	6	-	-	-	-	-	-	-	-
Bovine	5	5	2	3	-	-	-	-	-	2	-	-	-	-	14	-	-	-	-	-
Coyote	6	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Porcupine	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fox	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Goat	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Raccoon	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gopher	-	1	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bat	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Squirrel	3	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chipmunk	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mouse	1	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rat	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Muskrat	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rabbit	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mole	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lamb	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Elk	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	91	48	41	51	62	23	5	6	5	11	25.3	10.4	14.6	10.0	12.7	2	-	-	-	2

7 cases received post-exposure rabies immunization: - 3 from exposure to rabid cows
 - 2 from dog bites where the dogs could not be identified
 - 1 from bite from rabid cat
 - 1 from handling a rabid skunk

TABLE IX

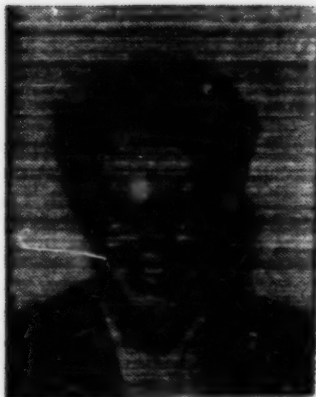
COMPARISON OF INCIDENCE RATES OF CERTAIN COMMUNICABLE DISEASES (1981-1986) Rates/100,000 Population

DISEASE	1981			1982			1983			1984			1985			1986	
	Health Region #10	Saskatchewan	Canada	Health Region #10	Saskatchewan	Canada	Health Region #10	Saskatchewan	Canada	Health Region #10	Saskatchewan	Canada	Health Region #10	Saskatchewan	Canada	Health Region #10	Saskatchewan
Gonorrhoea	45.6	272.1	272.4	34.8	246.5	214.5	32.5	200.0	170.1	29.0	176.0	169.0	36.9	162.6	149.4	20.1	166.6
Syphilis	1.2	2.1	12.2	0	2.1	3.9	0	0.9	4.3	2.4	2.7	11.6	3.6	1.8	6.5	1.2	0.4
Hepatitis A	2.4	11.9	4.4	4.6	0.2	4.9	4.8	13.7	5.0	108.6	75.5	9.6	100.9	83.1	9.7	20.8	27.6
Hepatitis B	1.2	9.3	4.3	0	16.0	5.1	0	16.5	7.6	0	18.8	7.0	9.7	13.8	7.9	2.5	12.3
Salmonellosis	18.0	25.0	32.1	8.4	45.5	34.5	111.8	82.4	35.9	25.3	48.1	43.3	19.4	19.1	29.6	30.6	30.4
Measles	6.0	6.4	9.5	0	3.6	4.2	0	0.2	3.7	0	0.9	16.4	7.3	1.1	10.9	84.4	39.6
Rubella	0	7.3	6.8	0	6.4	12.1	0	8.1	30.0	0	3.0	7.2	0	2.6	9.0	1.2	22.1
Pulmonary Tuberculosis	4.2	10.8	8.4	2.4	12.5	9.3	2.4	10.5	7.7	1.2	10.1	7.7	13.4	11.9	6.4	2.5	8.6
Chlamydiosis	38.6	68.0	10.1	9.6	61.8	8.2	1.2	27.1	7.2	4.8	31.5	7.9	1.2	24.2	4.9	50.1	48.3
Glandularis							15.6	10.8	18.3	45.8	24.7	26.2	55.9	20.7	29.0	56.3	26.5
																	32.2

The rates for Canada were calculated from Stats. Canada preliminary data from the 1986 Census with a total national population of 25,591,200. For Saskatchewan the SISP mid-1986 population

Canada Diseases Weekly Report - January 31, 1987

Annual Review - 1986



Miss Carol Kerr

Regional Nursing Supervisor

It is my pleasure to provide you with an update on Public Health Nursing programs during 1986. It has been a busy and challenging year for the Public Health Nurses.

Passport to Health Program

The major focus over the past year has been on the Preschool Core Services Program which was introduced in 1985 and became fully operational by January 1, 1986. The implementation of the program has been fairly smooth, but Public Health Nurses have had to make certain adjustments. The program is an interdisciplinary one which integrates the services of Public Health Nurses, Speech/Language Pathologist, Early Childhood Psychologist, Nutritionist and Audiologist.

In September the Minister of Health, the Honorable Graham Taylor, formally announced the "Passport to Health Program". The goal of the program is to provide a comprehensive health prevention service for infants and preschool children in all regions of the province. All children will be invited to attend CHC a minimum of seven times between the ages of birth to 4 years of age to receive recommended services at the specified age. The seven elements were described in detail in last year's annual report. The program provides an opportunity to promote and teach good health practices at an early age and focuses on early detection and treatment of problems.

The appointment time for each individual has increased to 30 minutes to ensure each child receives the complete service, and this has necessitated increasing the number of CHCs held to accommodate these children.

The three programs evaluated in 1986 were: vision screening, speech/language screening, and hearing screening. In order to evaluate the programs extensive recording and reporting have been incorporated.

Revisions have been made in the documentation of the Preschool Core Services Program. This will in the future provide us with more indepth collection of data on service elements delivered, number of appointments per CHC, number of children who did not keep their appointment and the total attendance at each CHC. However, this year statistical data is affected by these changes which occurred.

In November we began to distribute information sheets on immunization to parents of children who were receiving immunization for the first time. This is to ensure that parents are well informed and have an understanding of the immunization which their child will receive. It is on this basis that a consent for immunization is given by the parent/guardian.

Communicable Disease Control

With the Saskatchewan Anti-Tuberculosis League re-organizing its clinical service, it has become the responsibility of the Public Health Nurse to provide tuberculosis follow-up as directed by the League. The role of the Public Health Nurse in Tuberculosis Control is to do contact identification, tuberculin skin testing, supervision and teaching of prescribed treatment. In March, the staff received inservice on Tuberculosis Control which was presented by the Saskatchewan Anti-Tuberculosis League, Dr. V. Hoepfner, Medical Director and Jean Graham, Nurse Co-ordinator.

We continue to experience moderate outbreaks of pediculosis capitis and scabies in schools throughout the Health Region. The Public Health Nurse works diligently with school staff and parents to control the spread and eradicate the infestation.

Inservice Education

The first annual Continuing Education Course for Public Health Nurses in Practice was instituted in May. The one week workshop on "Systematic Approach to Nursing Care" was held at the University of Saskatoon. Program content is jointly planned through Nursing Division, Community Health Services Branch and the College of Nursing. It is anticipated that each Public Health Nurse will attend the workshop every three years. This provided an opportunity for Public Health Nurses to keep abreast of current concepts and practices occurring within the field of Public Health Nursing.

School Health

The school program remains unchanged. The booster for Tetanus, Diphtheria, and Polio will now be given at 14 years of age rather than at 15. The adjustment was made because of the change made to the four year booster as it is recommended that boosters be 10 years apart. A number of 15 year old children leave school early and are not completing their immunization. It is hopeful that we will be able to reach a larger target of the population at 14 years of age.

Student Experience

In June, seven students from the College of Nursing were provided with 4½ weeks clinical practice in Public Health Nursing. Although their field experience is under the supervision of a faculty co-ordinator from the College, the Public Health Nurses assist with teaching students. The students are in their 3rd year and are completing clinical practice towards their B.Sc.N.

Saskatchewan Aids to Independent Living Program (SAIL)

Respiratory equipment has become a major concern with increased number of clients receiving equipment in the Health Region. The problems Public Health Nurses are encountering are: lack of or poor planning prior to discharge of

patients from hospital; failure to ensure patient or family are competent to administer treatment; conflicting prescription and administration orders. Currently the Nursing Staff are maintaining 366 pieces of respiratory equipment on behalf of 289 clients. The amount of time, expense and interruption occasioned by the receiving, administration, setting-up, maintenance, retrieval and return of SAIL equipment is an understandable concern of all Public Health Nurses regarding their role in this practice.

Prenatal Program

The prenatal manual which was prepared by Nursing Division was introduced to the staff in December. As the manual was being developed the Public Health Nurses were given an opportunity to provide feedback on the content. The manual will be beneficial to the Public Health Nurse in preparing and conducting prenatal classes. The outline has a standard basic content which is to be conducted over 6 classes which are approximately 2 hours in length. The prenatal class will provide:

1. Information regarding normal pregnancy, childbirth and the care of the infant.
2. An opportunity to discuss ideas, feelings and experiences regarding pregnancy and parenthood.
3. Information and opportunity to discuss family planning.
4. Instruction and practice in relaxation and breathing, and correct posture for labour and delivery, and general well-being.

This has been a year of change and accomplishment in Public Health Nursing. I want to express my thanks to the staff for their cooperation, their ability to change and patience throughout the year. On behalf of the Nursing Staff I want to thank Dr. Watler, Medical Health Officer, the clerical staff and various disciplines within our office for their support and contribution they have provided to the Public Health Nursing staff.

Suicide Management Committee (SMC) - Yorkton and District

Activities of the SMC during 1986 continued as a public education project with the adolescent and young adult age groups.

These information-dispensing programs were presented throughout the Yorkton-Melville Health Region, and centered around school division three and four classes. Audiences (learners) were students and teachers; other professional groups included Community College students, Farm Credit Corporation staff and Certified Nursing Assistants.

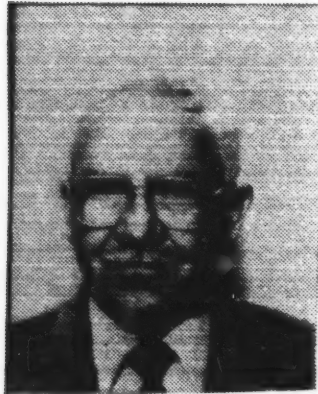
Participation in the first half of the year was high. The position of coordinator was discontinued in March because of lack of funds; thereafter, the committee and volunteers continued to present the material on the basis of availability of personnel. The demand for programs continues.

No statistics on suicide rates, etc. were compiled; however, we do have information on presentations made and the audiences reached.

Statistical Information - Public Health Nursing

	1984	1985	1986
<u>HOME VISITS</u>	4941	4325	4385
<u>PRENATAL PROGRAM</u>			
Total Home Visits	223	178	138
Number of Classes	169	166	145
Total Attendance:			
- Mothers	1137	1134	984
- Fathers	939	942	762
<u>POSTNATAL PROGRAM</u>			
Total Home Visits	844	879	887
<u>PRESCHOOL HEALTH SERVICES</u>			
<u>CHILD HEALTH CONFERENCE</u>			
Total Attendance:			
- Infants	3455	3247	2753
- Preschool	4856	4666	3751
<u>HOME VISITS</u>			
Total Home Visits			
- Infants	1054	851	887
- Preschool	1033	1136	1458
<u>SCHOOL HEALTH SERVICES</u>			
Immunization DPT, DT, Td	1291	1560	1661
Oral Polio	1259	1578	1700
MMR	468	424	318
<u>FOLLOW-UP/COUNSELLING</u>	2980	3557	3658
<u>HEALTH EDUCATION</u>	409	1142	737
<u>DISCUSSED WITH PARENTS</u>	1437	1301	1549
<u>HOME VISITS TO:</u>			
- Adults over 65 years	1120	1001	1064
- Adults less than 65 years	1531	1108	1041
- Mentally ill	13	10	7
- Physically handicapped	351	244	164
- Communicable disease			
follow-up	407	622	341
- SAIL Home Visits	766	772	808

Annual Review - 1986



Mr. William Koroluk
Senior Public Health Inspector

Since my last annual report the status of staffing and the area of coverage remains virtually unchanged. The Public Health Inspector position at Wynyard (later moved to Foam Lake) has been filled by Mr. Roger Fielding. However the vacancy created by the retirement of Mr. John Bell at Melville remains unfilled, and the Senior PHI twinning concept is still in effect. We have been advised, however, that the twinning arrangement may be curtailed as soon as procedural changes are finalized by the Public Service Commission. On other matters of staffing, Mr. Nick Catchuk was hired on a temporary basis to assist with inspections requiring permits that expired at the end of the fiscal year. In addition, a part-time student was hired to assist with the tabulation of Shoreland Development information.

In looking at the staff situation, relative to programming, it was obvious that our planned annual work guide had to be seriously modified. In this respect, and under the heading of routine services, the inspection of food stores, barber shops and beauty shops and schools had to be restricted to situations where previous inspections showed deficiencies or where requests and/or complaints were received. Services to the Melville District are being provided through our Foam Lake and Esterhazy offices; however, because of the distance involved, a great deal of time is wasted through travel.

The temporary appointment of Mr. Athen Gazdewich as a Public Health Inspector II has had a positive effect on the administrative affairs in my office during my absence. Unfortunately because of strained resources, Mr. Gazdewich, for the time being, is carrying out a full Public Health Inspection load in his district as well.

In the field of health education, we continue to have a receptive audience for our National Sanitation Training Program and the Level 1 Swimming Pool Operators Course. Four such courses were held with a total attendance of 100 people. Local Home Care Boards and voluntary food handlers representing service clubs and church organizations once again have given us good support. In addition, promotional assistance for two sessions was provided by volunteers working with a Community College and a Parks and Recreation Association. As of last month we are advised that the "Think Clean" package which deals with institutional food service is reproduced and will be available for loan.

During the summer season, recreational facilities placed additional demands on our staff. For the first time, some attempts are being made to establish bacteriological criteria for swimming beaches. Background information by way of sampling for E. Coli was conducted in nine swimming areas during the months of June, July and August. Additional sampling in the following year will be carried out in the waters that have unusually high readings. Shoreland developments at some of our resorts are undergoing change. A survey of selected lots was carried out for purposes of updating records and also for purposes of seeking compliance to provincial and local by-law requirements. Vigilance over artificial swimming pools including whirl pools continues to be high priority and special emphasis was placed on two problem pools. One swimming pool had to be closed because of seriously defective mechanical equipment and the opening of another pool had to be delayed because of clarity problems.

Early in the swimming season, an unfortunate accident in a public pool claimed a young person's life. A coroner's inquest heard evidence from many witnesses in an effort to positively identify the cause and to see if anyone was at fault. I personally spent nearly three hours as a witness defending and/or elaborating on our Department's legislative requirements, procedures and policies in the operation of public pools.

The proverbial saying "It never rains, but it pours" was applicable to one community. About the same time that the pool accident took place the remains of a human body was discovered in a water tower. Our Department's role in this incident involved the cross checking of laboratory reports and plant operating records and establishing that no health hazards existed. We were pleased with Dr. Watler's positive statements on radio that served to allay any fears and curtailed any panic amongst the people in the community.

The production, preparation and serving of food for public consumption is one of our essential services. We are pleased to note that legislative changes are in effect or are scheduled for bakeries and eating establishments. One of the more important changes will be the provisions for licensing. This provision will also be applicable to dietary sections of hospitals and nursing homes. On the subject of food, I regret to note that we were unsuccessful in motivating the operator of a bakery to "clean up his act". Following a formal hearing, this operator was successfully prosecuted by the Federal Health Protection Division and fined \$3,000 and court costs. As could be expected, because of adverse publicity, the operator ceased operations within a month of the court appearance.

Apart from the above program, several individual projects were conducted as needs dictated to deal with a variety of subjects. These included: Carbon Monoxide testing in skating arenas, back-flow prevention devices on water supply lines adjacent to hot water boilers and sprinkler systems which are

charged with pH adjusting compounds, serious hydrazine emission in a school, formaldehyde testing in private homes, substandard housing investigations and condemnation, malfunctioning private sewage disposal systems, microwave oven testing in commercial establishments and private homes, and bacteriological testing of multi-use utensils in most licensed premises and in selected eating establishments.

In the overall assessment, I would like to note that the basic services which come under health jurisdiction in Health Region No. 10 met an accepted standard; and I would like to suggest that this Region continues to have a healthful environment for living, for working and for playing. In this respect, I would like to offer my thanks to the field staff, the front office staff and some members of the district health council for their assistance.

FACILITY - (Related Services)

STATISTICAL ACTIVITY REPORT

	T I M E S P E N T (hours)										PERCENTAGE	
	No. Field Visits		Field Visits		Consultation		Formal Insp.		TOTAL TIME SPENT		Grand Total Time	
	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986
Eating Establishments	498	578	393	444	134	133	300	144	827	721	10.1	8.5
Food Distribution	176	158	126	123	47	40	98	65	268	228	3.3	2.7
Food Processing	86	83	76	81	47	43	36	26	159	150	1.9	1.8
Liquor Outlets	148	158	99	98	8	22	50	55	157	175	1.9	2.1
Communal Water System	1	4	1	2	11	15	---	---	12	17	0.15	0.2
Private Water Supply	23	61	15	38	41	65	---	---	56	103	0.7	1.22
Public Water Supply	12	3	7	3	13	16	---	---	20	19	0.25	0.22
Communal Sewage System	---	4	---	3	3	3	---	---	3	6	---	---
Private Sewage System	82	95	45	70	70	82	---	---	115	152	1.41	1.8
Public Sewage System	1	3	1	3	3	4	---	---	5	7	---	---
Solid Waste Disposal	10	16	7	10	11	13	---	---	18	23	0.22	0.3
Liquid Waste Transport	1	2	1	1	8	6	---	---	9	7	0.11	---
Hospitals	---	5	---	9	5	5	---	---	12	31	0.15	0.4
Schools	32	48	30	56	19	34	7	17	54	118	0.70	1.4
Institutions	13	18	14	19	14	9	5	28	46	41	0.57	0.5
Housing	213	206	172	180	78	93	18	13	250	273	3.10	3.23
Mobile Home Parks	44	26	33	18	20	25	---	---	58	47	0.71	0.6
Trailer Courts	4	1	2	1	11	3	8	4	21	5	0.25	---
Hotels	73	74	59	57	23	17	60	42	142	116	1.74	1.4
Industrial Facilities	22	15	18	14	13	7	33	20	64	41	0.80	0.5
Swimming Pools	15	6	20	6	7	3	---	---	27	9	0.33	0.11
Agricultural Facilities	122	85	118	76	58	62	18	22	194	160	2.4	1.9
Personal Service Facilities	11	22	11	18	8	20	---	---	19	38	0.23	0.5
Recreational Facilities	37	54	36	40	18	15	1	26	55	81	0.70	1.0
Public Facilities	272	310	237	252	104	100	50	35	391	387	4.8	4.6
Plumbing	115	164	101	136	42	59	10	6	153	201	1.9	2.4
Investigations	561	635	315	355	129	145	---	---	444	500	5.45	5.91
	176	216	192	228	64	54	---	---	256	282	3.14	3.34
TOTAL FACILITY RELATED SERVICES	2748	3052	2129	2341	1006	1093	700	504	3835	3938	47.06	46.63
GENERAL SERVICES												
Travel									1336	1416	16.4	16.76
Meetings									107	178	1.31	2.11
Surveys									273	293	3.35	3.50
Monitoring									15	4	0.18	---
Training Courses									232	189	2.85	2.24
Other									71	42	0.87	0.5
TOTAL GENERAL SERVICES									2034	2122	24.96	25.11
OFFICE SERVICES												
Projects									15	35	0.18	0.41
Staff Meetings									286	263	3.51	3.11
Staff Development									178	139	2.18	1.64
General Administration									1802	1951	22.11	23.1
TOTAL OFFICE SERVICES									2281	2388	27.96	28.26
GRAND TOTALS									6150	6448	100.0	100.0



Annual Review - 1986



Lori A. Nolan
Speech/Language Pathologist



Sharon A. Bond-Moore
Speech/Language Pathologist

This past year has been one of change. From January to June, 1986 Speech/Language services were provided by Sharon Bond-Moore, as one Speech/Language Pathology position was vacant. Weekly clinics were held in Yorkton, and bi-weekly clinics were held on an alternating basis in Esterhazy, Melville, Canora and Wynyard.

On July 2, 1986, Lori Nolan, Speech/Language Pathologist joined the Yorkton-Melville Health Region staff. Miss Nolan began providing direct Speech/Language pathology services in Yorkton, Canora and Wynyard. Ms. Bond-Moore resumed weekly clinics in Yorkton, Melville and Esterhazy.

Consultation services as required were provided to the SIGN Day Care, and Parkland Early Childhood Intervention Program, (PECIP, Inc.) by both Speech/Language Pathologists. Ms. Bond-Moore continued to sit on the Admissions and Review Committee of the PECIP, Inc. and the Regional Early Childhood Coordinating Committee (RECCC).

The bulk of Speech/Language Pathology services continued to be directed toward the preschool population. By filling the vacant Speech/Language Pathologist position, adult services have increased. Services to preschoolers and adults included direct client/family contact, consultation to agencies involved with specific clients, and public education.

Ms. Bond-Moore attended the following meetings and workshops:

- 1) April 14-15, 1986 - Effective Writing Workshop, Regina
- 2) April 24, 1986 - Provincial RECCC Meeting
- 3) May 2-3, 1986 - Language Development and the Brain
- 4) October 8-9, 1986 - Strategic Planning Meeting, Moose Jaw

On August 26, 1986, Donna Lennon-Upshall, Speech/Language Pathologist with the Regina Rural Health Region, and Ms. Bond-Moore gave a one day workshop on stimulating speech/language development to the Nursery and Kindergarten teachers and aides of the Touchwood-File Hill Reserve School Unit.

Ms. Bond-Moore spoke to the Southeast Saskatchewan ECIP and Developmental Centre workers regarding non-verbal communication on November 28, 1986 in Kipling.

Miss Nolan and Ms. Bond-Moore were involved in Health Topic tapings on CKOS-TV.

The employment of Miss Nolan in the vacant position has increased services provided in the region. Clients are being seen on a regular basis, either for direct therapy or periodic review. New referrals are being assessed following a minimal waiting time.

Miss Nolan and Ms. Bond-Moore appreciate the cooperation and support of their fellow regional health staff and municipal health representatives, and look forward to 1987. The statistical break down that follows shows the referrals and clients served during the year.

		SOURCE OF NEW REFERRALS							DIAGNOSIS							REASON FOR DISCHARGE									
		PHN Referral (from 3 Year Core Screen)	All other PHN Referrals	Early Childhood Psych.	Physician	SHAP	Parent	Other		Articulation	Language	Voice	Fluency	Associated Conditions	Normal		Initial Assessment Normal	Treatment Goals Reached	Transferred	Moved	Service Refused	Other		NUMBER OF CLIENTS SEEN FOR REVIEW	MONTHLY AVERAGE OF CLIENTS SEEN FOR TREATMENT
PRESCHOOL	78	115	1	5	1	6	16	222	88	31	1		3	2	125	4	20	22	7	37	38	128	130	24	
SCHOOL-AGE						1	1	2		1					1		7	10		2		19	8	4	
ADULT	2			5			15	22		4	3		3	2	12		4	3	1	3	13	24	3	5	
TOTAL	78	117	1	10	1	7	32	246	88	36	4		3	4	138	4	31	35	8	42	51	171	141	33	



Annual Review - 1986



Deborah Parker-Loewen, Ph.D.
Early Childhood Psychologist

The goals of the Early Childhood Psychology program include:

- 1) Providing psychological services to preschool children in their local settings.
- 2) Providing consultative services to the community and other professionals in matters relating to the development of the child.
- 3) Providing preventive services that will increase the awareness of parents in matters relating to the development of the child.

These goals were met during 1986 through a number of activities (see Table I for related distribution of time). Casework was the primary Early Childhood Psychologist (ECP) activity, with 209 children seen for direct assessment and/or intervention. Eight-seven children were seen for initial assessment with an average of 7.3 new referrals received each month during 1986 (see Tables II and III for details).

Consultative services included regular consultations with regional Public Health Nurses and Speech/Language Pathologists. In addition, the Parkland Early Childhood Intervention Program (PECIP), the Parent-Aide Program, Social Services, and various center-based programs for preschool children requested consultative services.

Preventive services during 1986 included:

- assisting with the preparation of a brochure for parents describing the ECP Program

- presentation to staff of PECIP about infant cognitive development
- presentation titled "Stress Management: Guidance for Clients" to the staff of the Parent-Aide Program

- Assisting with the development of a toy-lending library in Yorkton
- Instructing two "Parenting Your Preschool Child" courses, one in Esterhazy and one in Yorkton. Each consisted of four 2 hour evening sessions attended by parents in the community.

- Participation in Community Health Services Branch display at the Farm and Leisure Show.

- Presentation to group of young people attending a Child Care Training Program in Saltcoats

- Presentation to parents of children at the Yorkton Cooperative Nursery School on the topic of "School Readiness"

- Presentation to Federal Health Nurses, Kamsack, on "Early Identification and Intervention with Children at Risk for Developmental Delay".

- Presentation to interested public in Wynyard on "Stress Management."

In addition to meeting the primary goals of the ECP program via the activities outlined above, I was also named as the ECP Central Office Liaison person for 1986. Through this responsibility, I was involved in the selection and orientation of four new ECPs and participated in several organizational/ administrative meetings in Regina. During 1986 the role of the ECP program was clarified and a detailed statement of purpose prepared. Equipment needs were identified, and changes to our reporting system developed. Increased liaison between CHSB and Wascana Rehabilitation Centre was initiated.

A Developmental Screening Evaluation Project was planned late in 1986 and will be implemented in 1987-88 and I will be assisting with the coordination of this project. The role of CHSB ECPs vis a vis Mental Health Services Branch (MHSB), Child and Youth Program was clarified.

In summary, significant progress was made during 1986 in terms of clarifying the ECP program within CHSB and in relation to other agencies. During 1987, it is anticipated that many of the changes identified in 1986 will be positively implemented thus enabling the ECP to provide a more coordinated service to the general public.

TABLE I EARLY CHILDHOOD PSYCHOLOGIST ACTIVITIES, 1986

AVERAGE*	AVERAGE % OF TOTAL TIME	MONTHLY RANGE
Casework	45.5	(64.5 to 25.7)
Primary Prevention	8.2	(20.8 to 0.0)
Consultation	11.9	(34.7 to 6.5)
Community Development	2.6	(10.7 to 0.0)
Research	.4	(4.3 to 0.0)
Inservice Education	3.3	(17.4 to 0.0)
Travel	13.6	(20.0 to 0.0)
Administration	13.7	(25.0 to 6.5)
TOTAL	100%	

*Definitions

Casework Involves work with individual children directly or through their parents, teachers, or others. Includes activities such as arranging appointments, obtaining and studying background information, testing, counselling, report writing, and consultation regarding the child.

Primary Prevention Involves activities with the general population and with risk groups. Includes planning, execution, follow-up work and/or ongoing involvement.

Consultation Involves ECP meetings, conferences and meetings with other professionals and community groups for the purpose of providing and receiving information of a professional nature.

Community Development Involves participation in the development of resources for children such as intervention programs and nursery schools.

Research Carrying out research projects.

Inservice Education Courses, workshops and seminars which are approved as such.

Travel -

Administration Concerns the completion of reports and forms required by the branch or department, ordering of materials, office organization and various other clerical tasks. Central office liaison duties also included here during 1986.

TABLE II

DETAILS OF EARLY CHILDHOOD PSYCHOLOGY CASEWORK (1986)

TYPE OF PROBLEM	AVERAGE AGE ¹	NUMBER SEEN ¹
Developmental	3.8	93
Behavioral	3.5	82
Multiple	3.0	20
Other	2.4	14
TOTAL	3.2	209

¹Includes: Initial visits and follow-up visits.

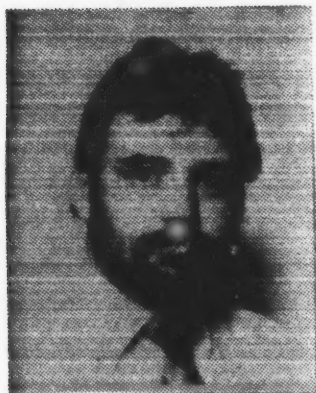
TABLE III

DETAILS OF SOURCE OF NEW REFERRALS TO EARLY CHILDHOOD PSYCHOLOGIST

(1986)

SOURCE OF REFERRAL	TOTAL
Public Health Nurse	45
Speech/Language Pathologist	13
Parent(s)	8
Physician	1
Social Services	15
Other (ie: Early Childhood Intervention Program)	5
TOTAL NEW REFERRALS 1986	87

Annual Review - 1986



Dr. A.N. Todd

Chiroprapist

The year started slowly with appointments well below normal monthly averages, repeating a trend set in 1985. However, by March, numbers soon picked up and continued at a high level throughout the year with a consistent flow of new referrals throughout the year.

During 1986 a total of 795 new patients were seen, an average of 66.3 per calendar month, and a total of 3,833 treatments (average 320 per calendar month) were provided. The year end caseload following discharges was 1,492.

Some staffing changes occurred at the end of January when Kathy took five months maternity leave following the birth of her son, Lee. During her absence, Wanda Young was appointed to carry out her duties.

Provincially, there were few changes to the chiroprody program, the only significant developments being the resignation in December of Dr. Shortland from Weyburn who had returned to the United Kingdom, and the large waiting lists in both Regina and Saskatoon. Other changes included the gradual expansion of satellite clinics throughout 1986 - 1988, so each clinic will be equipped with hydraulic patients' chairs, trolley, operator's chair, and a light for surgical use.

Because of the low demand for service in the Foam Lake/Wynyard district, I have revised the number of days in attendance to one day per month. If demand increases, then we will return to two days per month attendance.

Highlights for the year included attendance at the American Management Association Course (Part 2) at Fort San, and being appointed to the Strategic Planning Committee for Community Health Services Branch in July.

Last year I included four objectives in my report. Although I was unsuccessful in achieving my first objective (by 1%), there was still a significant increase in the number of seniors treated over 1985. The other objectives were all met, and as can be seen from the statistical information, and in some cases exceeded.

It has been possible to avoid waiting lists within the region despite the high demand in the service, by implementing an open booking system whereby patients phone in for an appointment when necessary, rather than being booked routinely. I am reluctant to commit myself to predict if another waiting list will develop, but suspect it will be sometime in the next twelve months.

My Objectives for 1986 are:

1. Decrease the proportion of Category I and III patients treated to 52% of the total caseload by July, 1987, and maintain this average throughout the remainder of 1987.
2. To deliver a minimum of eight presentations to Senior Citizen groups throughout the region by December 31, 1987.
3. To maintain a current patient caseload of 1,100 and a daily treatment average of 20 throughout 1987.

CATEGORY OF NEW PATIENTS BY LOCATION (1986)

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL % OF TOTAL	
YORKTON	133	152	98	206	589	74.0
MELVILLE	34	9	22	28	93	11.7
WYNYARD	12	4	13	26	55	6.9
CANORA	26	6	9	17	58	7.4
TOTAL	205	171	142	277	795	100%
% OF TOTAL	25.8	21.5	17.9	34.8	100%	

TOTAL CASELOAD LESS DISCHARGES

LOCATION	TOTAL PATIENTS SEEN SINCE AUG., 1984	LESS DISCHARGES	TOTAL CASELOAD AT DEC. 31, 1986
YORKTON	1329	311	1018
MELVILLE	261	49	212
WYNYARD	158	42	116
CANORA	171	25	146
TOTAL	1919	427	1492

TOTAL TREATMENTS BY LOCATION

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL	%
YORKTON	766	274	458	1199	2697	70.4
MELVILLE	283	50	124	111	568	14.8
WYNYARD	87	29	46	111	273	7.1
CANORA	118	30	74	73	295	7.7
TOTAL	1254	383	702	1494	3833	100
%	32.7	10.0	18.3	39.0	100	

CURRENT CASELOAD BY LOCATION

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL	%
YORKTON	277	263	155	323	1018	68.2
MELVILLE	82	51	37	32	212	14.2
WYNYARD	42	25	16	33	116	7.8
CANORA	65	24	27	30	146	9.8
TOTAL	476	363	235	418	1492	100
%	31.9	24.3	15.8	28.0	100	

CLINIC DATES AND TIMES

ALL NEW APPOINTMENTS ARE MADE THROUGH THE YORKTON OFFICE

<u>LOCATION</u>	<u>CLINIC DATES</u>	<u>CLINIC TIMES</u>	<u>CLINIC ADDRESS</u>	<u>TELEPHONE</u>
YORKTON	Monday-Friday (when working at satellites)	0800 - 1700	72 Smith St. E. Yorkton	782-5111
FOAM LAKE	First Tuesday of the month	0945 - 1600	Public Health Office	272-3375
MELVILLE	Monday-Tuesday fol- lowing Foam Lake and 4th Monday of month	0900 - 1630	Public Health Office	728-5427
CANDRA	3rd Wednesday-Thursday of month	0900 - 1630	Public Health Office	563-5135

Annual Review - 1986



Mr. Edward J. Malazdrewicz
Audiologist
Sask. Hearing Aid Plan

The year 1986 witnessed growth and change for the Saskatchewan Hearing Aid Plan, Yorkton-Melville Health Region (SHAP). The present audiologist commenced practice full-time in this region in August of the calendar year - the previous audiologist moving on to the Saskatoon Clinic. In the last calendar year the audiologists saw 881 adults and children for audiological assessments (with 214 persons cancelling or failing to attend) and 344 hearing aid fitting follow-up appointments. The audiologists and audiometric technician fitted 366 persons with hearing aids and saw 660 for service/repair appointments.

The waiting list for audiological assessments continues to be a concern in the Yorkton clinic as it is in other SHAP clinics. The total in December, 1986 was 327 persons, nearly twice that of January, 1986 (192 persons). As always, with prioritization of scheduling, the total waiting list for children under 18 years of age remains essentially zero at all times.

In addition to in-office clinical time the present audiologist/technician team performed seven nursing home visits in the health region during

1986 to conduct assessments and hearing aid fitting/servicing for residents. The audiologist provided an in-service on basic audiology and a question period for a continuing education sign language class.

The present audiologist spends one week of clinical duties per month in the Regina clinic which provides an opportunity for professional development and contact for inclusion in in-service presentations and workshops. This, however, limits the Yorkton clinic to three weeks of servicing per month.

Due to the physical organization of the health region facilities, in which the SHAP office is distant from the rest of the health region, the audiologist must act not infrequently as a receptionist dealing with individuals who approach SHAP by telephone and as walk-in customers without appointments. This creates disruption of regular patient appointments and reflects a poor quality service to the public. A clerk typist provides 20 hours per week in the SHAP office which serves as vital assistance to the audiologist and the Yorkton-Melville Health Region clerical staff.

As a suggestion for future goals, the audiologist feels that significant improvement in the operation and efficiency of SHAP-Yorkton-Melville Health Region would occur with a change from part-time to full-time for the SHAP clerical position. This would help reflect a well run, quality program.

Annual Review - 1986

(report written by Johanna
Bergerman who commenced maternity
leave Oct. 24/86)



Johanna Bergerman
Public Health Nutritionist



Laurie Wadsworth
Public Health Nutritionist

Nutrition resources were utilized in 1986 to create awareness of nutrition-related problems in our community and to provide information and counselling services to those individuals or groups seeking such assistance.

Infants and children were the age group of primary focus during the past year. The Preschool Core Program "Passport to Health" has substantially increased the number of referrals for nutrition assessments and counselling.

The consistent use of percentile charting of all children has become a useful tool for nurses in assessing children's growth patterns. Nutritional concerns arising from this charting have led to the increased demand for consultations and has increased the number of referrals.

The need to revise the Saskatchewan Health's professional manual on infant feeding was another aspect of my workload in the past year. Inconsistencies between this manual and the new Canadian Pediatric publication "Feeding Babies" made this revision imperative. This revision had begun in 1985 and was completed and printed in 1986. Being involved in this project also involved inservice on feeding babies and children to various professional groups. Presentations were made at the provincial POGO(Pediatrics, Obstetrics, and Gynecology) Conference.

This gave me the opportunity to discuss infant feeding and breastfeeding with physicians as well as hospital nurses. Presentations were also made to nutrition staff, public health nursing staff, day care workers, and to Regional Hospital Dietary Staff.

Several other projects were undertaken in the past year. The prenatal assessment form used in this health region was revised for possible use in all health regions. An information sheet on fiber was drafted. Nutrition teaching aids were created in conjunction with the other nutritionists to complement the revised prenatal teaching manual.

The promotion of good nutritional practices as fundamental to an individual's health-care needs continues to be emphasized in the weekly newspaper column. This column is sent to all the newspapers in the health region.

The annual National Nutrition Month promotion this year had as its theme "Nutrition and Lifestyle" with special emphasis on young adults. This promotion involved public presentations, information displays at the mall and library, film presentations, newspaper articles and T.V. interviews. An information sheet on Restaurant Eating was especially designed for this promotion. This handout was featured in the March edition of "Contact", the Saskatchewan Health employee magazine. An information package with this handout was also prepared for the athletes that attended the Winter Games held here in Yorkton.

The phasing in of the new Division 3 Health Program in the schools in the past year has meant an increased demand for nutrition related information. Packages of information were provided to teachers attending health curriculum workshops. Devising an evaluation format of the nutrition materials created in the previous year specifically for this program was also undertaken. Inservice on these new materials was given to the region's Home Economic teachers.

This past year has also seen a focus on the problem of eating disorders, specifically anorexia nervosa. Working with social workers at the Yorkton Mental Health Centre, a support group for victims and their families was organized. Facilities were made available for this group to meet on a weekly basis. Inservice to create awareness of this problem was presented to high school students at one of their peer counselling workshops.

Three Weight Control Workshops were also held in the past year in Preeceville, Melville and Yorkton.

I. NUTRITION EDUCATION

A. Media

1. Newspaper Columns	52
2. Radio/Television Interviews	6

B. Displays

	<u>Number of Contacts</u>
Nutrition Month Mall Displays	200
Nutrition Month Library Display	50
Farm and Leisure Show	100
World Food Day	50
Total:	400

C. School Contacts (Information Packages)

Nutrition Month	97
Division 3 Health	85
World Food Day	61
Home Economics Teachers	15
Other	59
Total:	317

D. Nutrition Month Promotion

Information Packages-Public Health Nurses	20
Winter Games Participants	1800
Film Presentation	10
Total:	1830

E. Speaking Engagements/Film Presentation

	<u>Number</u>	<u>Attendance</u>
Professional Groups	26	432
Community Groups	25	395
Schools	11	282
Prenatal Class		
Demonstrations	<u>2</u>	<u>19</u>
Total:	64	1128

F. Resource Materials

Development - 10	
Review - 22	Total: 32

G. Orientation Sessions

Orientation of:	New Staff - 3
	Nursing Students - 10
	Dietetic Student - 1

II. NUTRITION CONSULTATIONS, ASSESSMENTS, COUNSELLING

	<u>Consultations</u>	<u>Assessments</u>	<u>Counselling</u>
Prenatal	1	148	39
0 - 5 years	94	19	53
6 - 20	11	4	10
Adult	23	2	16
Totals:	129	173	118

III. INFORMATION SERVICES

Information/Materials Provided	2356
Requested Information/Materials	30
Other Services	43
Total:	2429